## SERIAL NO. FILING DATE APPLICANT(S) **CLAIMS ONLY** CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED DEP. IND. DEP. IND. DEP. IND. IND. DEP. DEP. DEP. 1 -L Į T Ť j TOTAL IND. TOTAL DEP. TOTAL CLAIMS TOTAL IND. \_1 \_1 \_1 \_1 \_1 TOTAL DEP.

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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